



11139 Cutter Rd.  
Meadville, PA 16335  
p - 814.333.9600  
f - 814.336.3333  
www.crawfordcustom.com  
info@crawfordcustom.com

## Candidate Application Instructions

Please read and follow these instructions carefully. Required information that is left blank may result in failure to register until all required information is submitted.

***All BOLD fields marked with an asterisk (\*) must be completed or application will be considered incomplete.***

### **Candidate Information**

Fill in all required candidate information

### **Written Exams Section**

Select the exam(s) that you are applying for, as well as the corresponding load charts (if applicable).

### **Test Site Section**

Fill in the date or class week that you plan to attend as well as the class location.

Additional information fields on the application that are not required, are helpful for us to better understand and serve our customers. Please fill in as much information as possible when filling out the application.

### **Payment**

- Crawford Custom Consulting requires a \$350 non-refundable application deposit when registering for a class. Remaining balance of fees are due upon arrival for class.
- Payment can be made by utilizing the credit card authorization form included with this application, or by calling our office directly at (877)933-9600 to make other arrangements.

### **Application Submission**

- All applications are due two weeks before the class you plan to attend.
- Applications submitted after the two-week cut-off may incur additional late fees.
- Applications can be submitted several ways:
  - Fax: (814)336-3333
  - Email: application@crawfordcustom.com
  - Mail: 11139 Cutter Rd, Meadville, PA 16335
  - ***DO NOT SUBMIT APPLICATION DIRECTLY TO NCCCO!***
- When submitting your application, please include:
  - Date (class) you plan on attending.
  - Payment method (application deposit only or full payment)
  - Checks and money orders should be made payable to **Crawford Custom Consulting**.

If you have any questions about the application process, feel free to contact us for more information.

If you have any questions, please contact us at  
(814)333-9600 - application@crawfordcustom.com

**Thank You for Your Business!**



# RECERTIFICATION APPLICATION

## MOBILE, TOWER, & OVERHEAD CRANE OPERATOR

Please type or print neatly! All **bold** fields marked with an asterisk (\*) must be completed or application will be considered incomplete.

FULL LEGAL NAME (As shown on driver's license)	FIRST*	MIDDLE	LAST*	Suffix (Jr, Sr, III)
CCO CERTIFICATION NUMBER*	DATE OF BIRTH*		CANDIDATE ID (if previously tested)	
PERSONAL MAILING ADDRESS*				
CITY*			STATE*	ZIP CODE*
HOME PHONE	CELL PHONE*	CANDIDATE EMAIL*		
COMPANY/ORGANIZATION			PHONE	
COMPANY MAILING ADDRESS				
CITY			STATE	ZIP CODE
<input type="checkbox"/> I AM REQUESTING TESTING ACCOMMODATIONS IN COMPLIANCE WITH THE AMERICAN WITH DISABILITIES ACT (ADA) (For details on NCCCO's Testing Accommodations policy, please visit <a href="http://www.nccco.org/accommodations">www.nccco.org/accommodations</a> .)				

DO YOU HAVE 1,000 HOURS OF DOCUMENTED CRANE-RELATED EXPERIENCE DURING YOUR CURRENT CERTIFICATION PERIOD?\*

- YES, and I understand that NCCCO may, at any time, request documentation to be provided in order to verify my experience.
- No, and I understand that I must take and pass the practical exam(s) prior to my expiration date.

### RECERTIFICATION EXAM(S)\*

Written Exam	Load Chart Option (Check one for each specialty)
<input type="checkbox"/> Mobile Core Exam	
<input type="checkbox"/> Telescopic Boom - Fixed Cab (TSS)	<input type="checkbox"/> Manitex (Boom Truck) <input type="checkbox"/> Shuttlelift (Carry Deck)
<input type="checkbox"/> Telescopic Boom - Swing Cab (TLL)	<input type="checkbox"/> Grove (Truck Mount) <input type="checkbox"/> Link-Belt (Rough Terrain) <input type="checkbox"/> National (Boom Truck)
<input type="checkbox"/> Lattice Boom Crawler (LBC)	<input type="checkbox"/> Terex/American <input type="checkbox"/> Manitowoc
<input type="checkbox"/> Lattice Boom Truck (LBT)	<input type="checkbox"/> Link-Belt <input type="checkbox"/> Manitowoc
<input type="checkbox"/> Tower Crane	
<input type="checkbox"/> Overhead Crane	

### ADDITIONAL EXAM(S)

Written Exam	Load Chart Option (Check one for each specialty)
<input type="checkbox"/> Telescopic Boom - Fixed Cab (TSS)	<input type="checkbox"/> Manitex (Boom Truck) <input type="checkbox"/> Shuttlelift (Carry Deck)
<input type="checkbox"/> Telescopic Boom - Swing Cab (TLL)	<input type="checkbox"/> Grove (Truck Mount) <input type="checkbox"/> Link-Belt (Rough Terrain) <input type="checkbox"/> National (Boom Truck)
<input type="checkbox"/> Lattice Boom Crawler (LBC)	<input type="checkbox"/> Terex/American <input type="checkbox"/> Manitowoc
<input type="checkbox"/> Lattice Boom Truck (LBT)	<input type="checkbox"/> Link-Belt <input type="checkbox"/> Manitowoc
<input type="checkbox"/> Tower Crane	
<input type="checkbox"/> Overhead Crane	

### APPLICATION INSTRUCTIONS

If you are registering for Mobile Crane exams, you must register for the Mobile Core Exam and at least one Specialty Exam (unless you are a re-test candidate).

Check the box next to the crane type(s) for which you are applying. For mobile crane specialties, check the load chart you want to use for that crane type (only one load chart option per specialty type).

### TEST SITE INFORMATION

DATE / CLASS YOU PLAN TO ATTEND*	
CLASS LOCATION (CITY, STATE)*	
HOW DID YOU HEAR ABOUT US?	
HAVE YOU SPOKEN TO ANY OF OUR ASSOCIATES? IF SO, WHO?	<input type="checkbox"/> YES <input type="checkbox"/> NO



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## Credit Card Authorization Form

To use a credit card as payment, please sign and complete this form. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled or changed.

- \$350 Application Fee only (remaining balance must be paid in full by start of class).
- \$350 Application Fee at registration and remaining balance charged at start of class (on below listed card).
- Full Amount of \$\_\_\_\_\_ at registration.

### **Application Fee is non-refundable!**

By signing this form, you give us permission to charge the below listed card for the amount indicated on or after the indicated date. This is permission to use the provided card information for the indicated transaction(s) noted above.

I \_\_\_\_\_ authorize Crawford Custom Consulting, Inc. to charge my Credit Card.

### **Billing Details**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email (for receipt) \_\_\_\_\_

### **Credit Card Information**

Visa    MasterCard    AMEX    Discover

Cardholder's Name - \_\_\_\_\_

Credit Card Number - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date - \_\_\_\_/\_\_\_\_

Security Code (CVV) - \_\_\_\_\_

Billing Zip Code - \_\_\_\_\_

Individual's Signature \_\_\_\_\_ Date \_\_\_\_\_

If you have any questions, please contact us at  
(814)333-9600 - ccci@crawfordcustom.com

**Thank You for Your Business!**